PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

	DE	I FOR UTILITY OR SIGN PPLICATION	Attorney Docket Numl First Named Inventor	Jeffrey A. McFadden  COMPLETE IF KNOWN
		FR 1.63)	Application Number	not yet known
☑Declaration Submitted	OR	Declaration Submitted after Initial	Filing Date	
With Initial Filing		Filing (surcharge (37 CFR 1.16 (e))	Art Unit	not yet known
		required)	Examiner Name	not yet known

I hereby declare that:	:				
	nce, mailing address, and c	citizenship are as stated b	elow next to thei	r name.	
	amed below to be the original a				vhich a patent
OPTIMIZATION	OF ADVERTISING C	AMPAIGNS ON CO	MPUTER NE	TWORKS	
the specification of which	(Title of t	he Invention)			
OR	•	•			
was filed on (MM/DI	D/YYYY)	as United States A	pplication Number	or PCT Internation	ıal
Application Number	and	was amended on (MM/DD/)	m) [		(if applicable).
I hereby state that I have re amended specifically referre	viewed and understand the d			including the cla	ims, as
I acknowledge the duty to discontinuation-in-part applicat	isclose information which is r ions, material information wh ional filing date of the continu		defined in 37 CFR een the filing date	1.56, including for of the prior appli	or ication and
States of America, listed help	benefits under 35 U.S.C. 119(a or 365(a) of any PCT internat w and have also identified bek or any PCT international app	application writer design	inated at least one	country other the	in the United
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy	3
				YES	NO
				. 🗆	
Additional foreign applicati	on numbers are listed on a sur	onlemental priority data about	PTO/CR/02B		

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/01 (08-03)
Approved for use through 07/31/0806. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application Direct all correspondence to: Customer Number 000031894 OR Correspondence address below Name Address City State ZIP Country Telephone Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor Given Name leffrey A. Family Name McFadden (first and middle [if any]) or Surname Date Inventor's Signature Residence: City State Country Citizenship <u>Hillsborough</u> CA US US Mailing Address 1220 Southdown Road City State Zip Country Hillsborough CA 94010 US NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor Given Name Scott G. Family Name Eagle (first and middle [if anv] or Surname Date inventor's Signature Residence: City State Country Citizenship Menlo Park US Mailing Address 914 Continental Drive City State Zip Country Menlo Park CA 94025 Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto

Attorney Docket No.: 10005.001710

PTO/SB/02A (08-03)

Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE and to a collection of information unless it contains a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to ADDITIONAL INVENTOR(S) **DECLARATION** Supplemental Sheet Page 1 of 1

			_			
Name of Addition	al Inventor, if a	ny	☐ A petition has been filed for this unsigned inventor			
	Name (first and mide	lle (if any))			amily Name or Surname	
David L.				Goulden		
Inventor's Signature					Date 2 2	6 64
Residence: City	Redwood Cit	y <sub>State</sub> CA	С	US	US Citizenship	
Mailing Address	441 Grand S	treet				
City Redwood City	·	CA State	ZI	94062 P	US	
Name of Additiona	i Inventor, if ar	ly .	☐ A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])			Family Name or Surname			
Anthony G.	11	1 1		Martin		
Inventor's Signature	tym &	L Heart	$\supset$	<u> </u>	Date 2/9/1	24
Residence: City	Los Attos	State CA	Çc	ountry US	Citizenship CANAL	)A
Mailing Address	1060 Los Altos Av	venue				
City	Los Altos s	tate CA	Zip	94022	Country	
Name of Additional Inventor, if any			☐ A petition has been filed for this unsigned Inventor			
Given Name (first and middle [if any])			Family Name or Surname			
Inventor's Signature			_L			
Residence: City		State	Coı	untry	Date Citizenship	
Mailing Address						
City		State		7in	•	

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (06-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no pers

## **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS INDICATION FORM**

The state of the s	ormation unless it displays a valid OMR control number.
Application Number	not yet known
Filing Date	
First Named Inventor	Jeffrey A. McFadden
Art Unit	not yet known
Examiner Name	not yet known
Attorney Docket Number	10005.001710

I hereby a	appoint:				
⊠ Practit	• •	Customer Number			
OR □ Practiti	tioner(s) na	amed below:			
		Name	Registr	ation Nimbor	1 .
			(109.00.	ation Number	
!			<del> </del>		
1					
1					
as my/our a Trademark	attorney(s) Office con	or agent(s) to prosecute the application idennected therewith.	entified above, and t	to transact all business in	n the Patent and
Please red	cognize or	change the correspondence address for the	e above-identified a	application to:	
The at	bove-ment	tioned Customer Number:.		<del></del> -	
☐ The a	address as:	sociated with Customer Number:		.	
OR		T			
Firm <i>or</i>	ıal Name				
Address					
Address					
City		Sta	ate	ZIP	
Country			·		
Telephone		Fa	ax		
I am the:					
_	ant/Invento				
☐ Assign	ee of recor	ord of the entire interest. See 37 CFR 3.71.			
Ouranos	ale unuer c	37 CFR 3.73(b) is enclosed. (Form PTO/SB			
Name	I Serroy	SIGNATURE of Applicant o	r Assignee of Rec	ord	
	Jerney A	A_MoFadden			
Signature	*1	Color III		1	
Date NOTE: Signal	Tures of al	112/04 11 the invitation of the office of th	Telephone	(650) 232	- 0301
		Il the inventors or assignees of record of the following from the following that the following the following from the following the following from	the entire interest of below*.	or their representative(s	s) are required.
★Total of the last of the	of 4 forms	are submitted.			

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (06-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM

Under the Paperwork Reduction Act of 1995, no persons a	U.S. Patent and Tra re required to respond to a collection of inf	edemark Office; U.S. DEPARTMENT OF COMMERCE
	Application Number	not yet known
POWER OF ATTORNEY	Filing Date	
and	First Named Inventor	Jeffrey A. McFadden
CORRESPONDENCE ADDRESS	Art Unit	not yet known
INDICATION FORM	Examiner Name	not yet known
	Attorney Docket Number	10005.001710

I hereby	appoint:				7	
	tioners at C	Customer Number	000031894		j	
OR □ Practii	tioner(e) no	amed below:				
	ucher(s) na			<del></del>		7
	<u> </u>	Name		Regist	ration Number	_
						]
E						1
						1
as my/our : Trademark	attorney(s) Office con	or agent(s) to prosect nected therewith.	ute the application ide	ntified above, and	to transact all business i	n the Patent and
Please re	cognize or	change the correspon	idence address for the	ahove identified		
	bove-ment	ioned Customer Numb	her:	o doove-identified	application to:	
0ĸ			ł			
LJ The a OR	address as:	sociated with Custome	er Number:	······································		•
Firm or	al Name					
Address	ai Name			<del></del>	· .	<del></del>
Address						
City			l ou	. 1	<del></del>	
Country			Sta	te	ZIP	
Telephone					·	
I am the:			Fa	×		
_	ant/Invento	ar				
_						Ì
Certific	ate under 3	rd of the entire interest 37 CFR 3.73(b) is encl	t. See 37 CFR 3.71. Insert (Form PTO/SP	/0e)		
			TURE of Applicant o			
Name	Scott G.	//	1	Assignee of Re	cora	
Signature		BU H	1//			
Date	ð	12/04	9//	Telephone	V100 - 5	2 102 = 5
NOTE: Signa	tures of all	the inventors or ass	ignees of record of t	ha antina i-t t	or their representative	2-0303
			ature is required, see	below*.		s) are required.
uis collection of i	or 4 forms	are submitted.				

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 individual case. Any comments on the amount of time you require to complete application form to the USPTO. Time will vary depending upon the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA

PTO/SB/81 (06-03)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to re

## Application Number not yet known **POWER OF ATTORNEY** Filing Date and First Named Inventor Jeffrey A. McFadden **CORRESPONDENCE ADDRESS** Art Unit not yet known **INDICATION FORM Examiner Name** not yet known

			Attorne	v Docket N	lumber	10005.00	)1710	
I hereby ap	point:	ſ						
⊠ Practition	ners at Custor	mer Number	000031894					
OR ☐ Practition	ner(s) named	below.						
ΙΓ	·	Name		<del>-  </del>	Pogietre	tion No.		Į.
lΓ					Negistra	tion Numbe	<u>r</u>	
as my/our atto	omey(s) or ag	ent(s) to prose	cute the application	identified at	and to			
Trademark Of	fice connecte	d therewith.		iochtmed at	ove, and to	transact all	l business ir	the Patent and
Please recog	gnize or chanç	je the correspo	ondence address fo	the above-i	dentified ar	plication to:		
The abov	ve-mentioned	Customer Nur	mber:.			·		
☐ The add	lress associat	ed with Custon	ner Number:			.		
OR ☐ Firm or			· • • • • • • • • • • • • • • • • • • •					
Individual I	Name							
Address								
Address								
City				State		ZIP		
Country								
Telephone				Fax				
l am the:								
Applicant			•					
Assignee Certificate	of record of the under 37 CFI	ne entire intere	st. See 37 CFR 3.7 closed. (Form PTO)	1.				
Name D	avid L. Goul	den	ATURE of Applican	t or Assign	ee of Reco	rd	<u></u>	
Signature	1/~							
Date	2/76	04		T 7-1		Cc	001	1200
NOTE: Signature	es of all the in	oventors or as	signees of record		ephone interest or	their repro	<u>-480-</u>	1329
*Total of	forms if more 4 forms are si	than one sign	nature is required,	ee below*.		uren repre	semative(S	) are required.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA

PTO/SB/81 (06-03)

Under the Paperwork Reduction Act of 1995, no persons a	A U.S. Patent and Tra re required to respond to a collection of info	PTO/SB/81 (06-03) pproved for use through 11/30/2005. OMB 0651-0035 demark Office; U.S. DEPARTMENT OF COMMERCE
	Application Number	not yet known
POWER OF ATTORNEY	Filing Date	
and	=,	

## and **CORRESPONDENCE ADDRESS INDICATION FORM**

required to respond to a collection of Inf	ormation unless it displays a valid OMB control number.
Application Number	not yet known
Filing Date	
First Named Inventor	Jeffrey A. McFadden
Art Unit	not yet known
Examiner Name	not yet known
Attorney Docket Number	10005.001710

Practitioners at Customer Number  Name  Registration Number  Name  Registration Number  Name  Registration Number  Name  Registration Number  Registration Number  Name  Registration Number  Registration Number  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:  The above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name	I hereby app		<u> </u>				
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:  The above-mentioned Customer Number:  OR  The address associated with Customer Number:  I am or individual Name individ	OR	ers at C	ustomer Number	000031894			
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:    The above-mentioned Customer Number:	☐ Practition	er(s) nar	ned below:				
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:    The above-mentioned Customer Number:			Name		Registra	ation Number	
Please recognize or change the correspondence address for the above-identified application to:    The above-mentioned Customer Number:						THE THE PARTY OF T	
Please recognize or change the correspondence address for the above-identified application to:    The above-mentioned Customer Number:							
Please recognize or change the correspondence address for the above-identified application to:    The above-mentioned Customer Number:							
Please recognize or change the correspondence address for the above-identified application to:    The above-mentioned Customer Number:							
Please recognize or change the correspondence address for the above-identified application to:    The above-mentioned Customer Number:	as my/our attor	nev(s) o	r agent(s) to proper to				
The above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name address  Ity  Ountry  Elephone  Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Anthony G. Martin  Ignature  Date  Telephone	Trademark Offi	ice conn	ected therewith.	ine application ident	ified above, and to	transact all busine	ss in the Patent and
The above-mentioned Customer Number:  OR The address associated with Customer Number:  OR Tity  State  ZIP  Date  Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Anthony G. Martin  gnature  Date  Telephone  Telephone  Telephone Telephone Tity Telephone The inventors or assignees of record of the entire interest or their representative(s) are required and multiple forms if more than one signature is required.	Please recogn	nize or c	nance the corresponden	on addition of the		·	
The address associated with Customer Number:  OR  Firm or Individual Name ddress ddress ddress lity  Date  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Anthony G. Martin  gnature  Date  Telephone	The above	e-mentio	and Customer No.	ice address for the a	above-identified ap	oplication to:	
GR				i			
Individual Name ddress	☐ The addre	ess asso	ciated with Customer Nu	umber:			
ddress dress	Firm or						
State ZIP  country  clephone Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Anthony G. Martin  gnature  Date Telephone (408) 232-0360  OTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required to be mit multiple forms if more than one signature is required.		ame					<u> </u>
State  State  ZIP  Jam the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Anthony G. Martin  gnature  Date  Telephone	ddress						
State  State  ZIP  Jam the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Anthony G. Martin  gnature  Date  Telephone	ity	_					
I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Anthony G. Martin  gnature  Date  TE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required point multiple forms if more than one signature is required.	<del></del>	$\dashv$		State		ZIP	
I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Anthony G. Martin  gnature  Date  Telephone		<del> -</del>					
Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Anthony G. Martin  gnature  Date  Telephone				Fax			
Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Anthony G. Martin  gnature  Date  Telephone	_	ovontor.					
SIGNATURE of Applicant or Assignee of Record  Name Anthony G. Martin  gnature  Date  Telephone			-£11				
SIGNATURE of Applicant or Assignee of Record  Name Anthony G. Martin  gnature  Date  Telephone	Certificate u	nder 37	Of the entire interest. Se	e 37 CFR 3.71.			
gnature  Date  Telephone  Telepho							
Date  Date  Telephone	Name Ant	thony G	Martin	E of Applicant or A	ssignee of Reco	rd	
Date  Telephone  Telep	<del> /</del>	XIII	711	4/1			
Telephone (408) 332 - 0300  DTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.		<del>)</del>	A CHEST				
bmit multiple forms if more than one signature is required as a ball to interest or their representative(s) are required	Date	2/9	1/04		Telephone	408) 23:	2-0300
*Total of 4 forms are submitted.	TF: Signatures						

This collection of Information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 individual case. Any comments on the amount of time you require to complete application form to the USPTO. Time will vary depending upon the the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT 22313-1450.